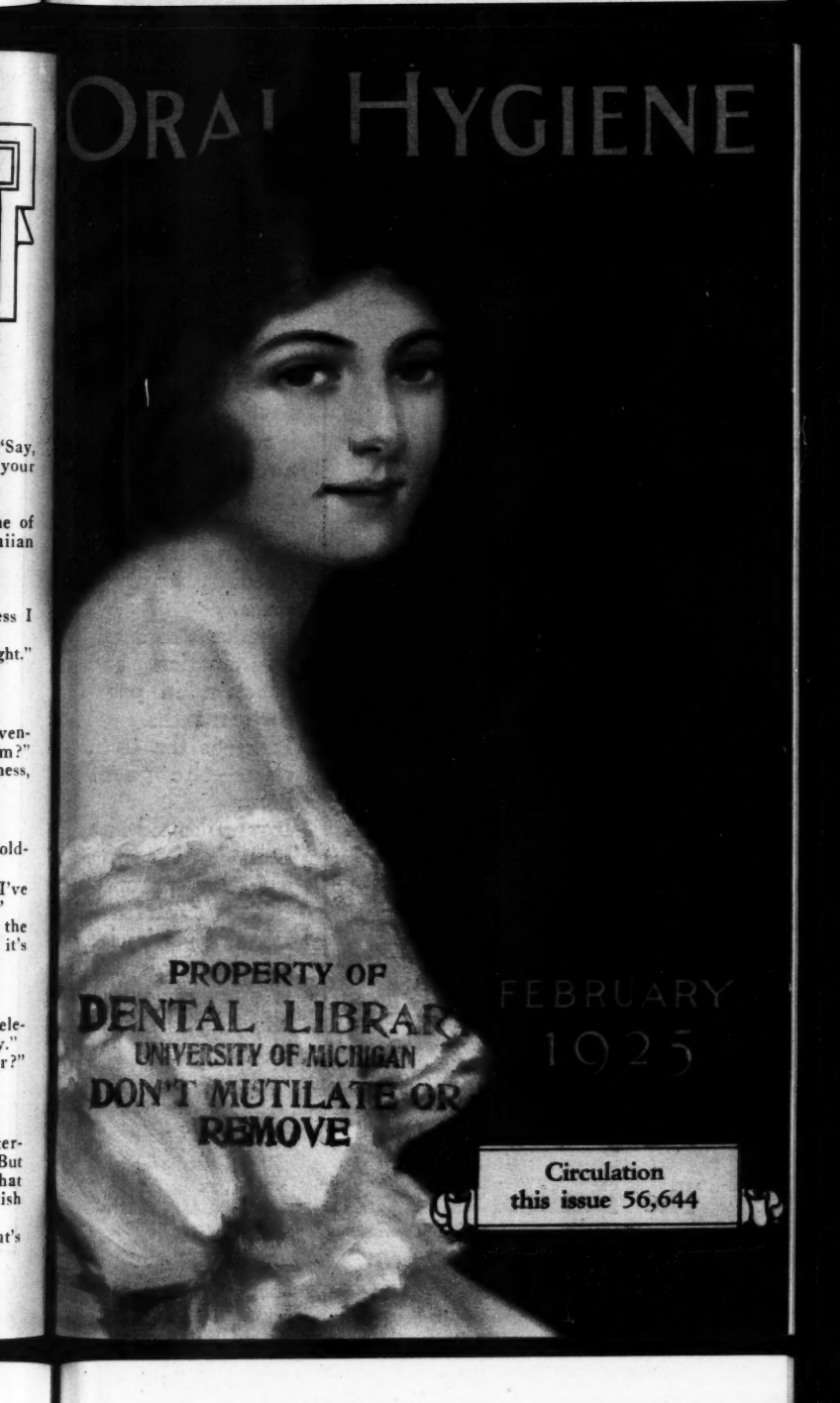
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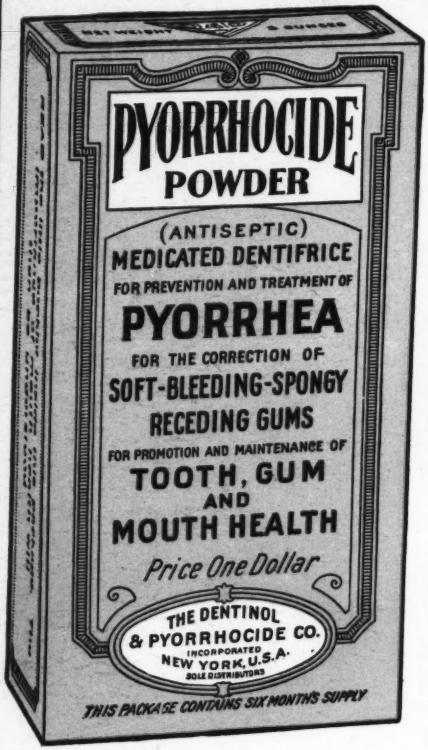

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ORAL HYGIENE *for* February 1925

Editorial Office, 212 Jenkins Bldg., Pittsburgh, Pa.
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ADDRESS CHANGES—Since we must start addressing wrappers early in the month preceding the month of issue, it is necessary that address cnanges reach the district publisher by the first day of the month preceding the issue to be affected. Changes sent on February first, for instance, will first affect the March issue. Changes sent later in February will first affect the April issue. Both the old and the new address should in all cases be furnished.

ORAL HYGIENE

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EVERY man is said to have his peculiar ambition. Whether it be true or not, I can say, for one, that I have no other so great as that of being truly esteemed of my fellow-men, by rendering myself worthy of their esteem. How far I shall succeed in gratifying this ambition is yet to be developed. I am young and unknown to many of you. I was born, and have ever remained, in the most humble walks of life. I have no wealthy or popular relations or friends to recommend me. My case is thrown exclusively upon the independent voters of the country; and, if elected, they will have conferred a favor upon me for which I shall be unremitting in my labors to compensate.

But, if the good people in their wisdom shall see fit to keep me in the background, I have been too familiar with disappointments to be very much chagrined.—Lincoln, to the People of Sangamon, March 9, 1832.

A Brief Review of the H of the Oral Hygi

By JOS. P. KAUFFMANN, D. D. S., Dental Departmen ron

AS IT is an important thing in presenting a resumé of this character to offer those facts which will most interest the reader in order to hold his attention, I will state that it is my purpose to give, briefly and concisely, the main points considered in the educational and practical aspects of the oral hygiene situation.

We should have, in the first place, a definition of the subject discussed. Public hygiene has been defined by Sedgwick as "the science and art of the conservation and promotion of public health." "Personal hygiene is the science and art of the conservation and promotion of personal health, and has for its function the prevention of premature death, and the promotion of normal individual life, health and happiness, chiefly by direct conservation and reinforcement of that mechanism which we call the human body." This includes the care of the mouth and teeth, or oral hygiene, which I have elsewhere defined in a simple way as "that study which enables us to learn how to better preserve our health and guard against disease, by faithfully using all the ways and means at our command, which will keep the mouth and teeth in a healthful condition."

It was the application of this study to public and personal hygiene that led to the oral hygiene movement by the National Dental Association. In 1899 the first official oral hygiene committee of that body was appointed, and its members, while active, could receive no encouragement, this state of apathy lasting for ten years. At this time the situation was looked upon by the dental fraternity as a philanthropic one, no idea of its real economic value being pressed. Accordingly, the profession considered that such a departure ought to be supported by outside contributions as a charitable proposition, and no organized effort was made to place it upon a universal basis. In March, 1909, Dr. W. G. Ebersole, of Cleveland, O., now deceased, became chairman of this committee, and that date marks the turning point in the history of a nationalized professional interest in oral hygiene. Immediately upon his receiving this duty, he made the proposal for a radical change in the theory under which the oral hygiene movement should be propagated. His idea was to establish an educational and economic

History and Principles
Hygiene Movement

Bronx Hospital and Dispensary, New York City, N. Y.

WHAT IS ORAL HYGIENE?

Oral hygiene has been defined as "that study which enables us to learn how better to preserve our health and guard against disease, by faithfully using all the ways and means at our command, which will keep the mouth and teeth in a healthful condition."

campaign, as he called it, and instead of depending upon philanthropy for its furtherance, it was decided to interest all the laity through three mediums—public schools, public platforms and public press.

The first step in the new move was to secure the co-operation of the Cleveland press, which responded with two hundred articles by interested practitioners for the benefit of the laity. Without any hesitation, the school board of that city, as the next step, gave their efforts and consent in aid of the new work. No funds for equipment being available, a loan of complete outfits was secured from six dental manufacturers. The Ohio State Dental Society furnished all supplies and printed matter used, while the Cleveland Dental Society responded by carrying out the operative and educational work involved. However, as no money to carry on the work was on hand, another perplexing situation arose. Fortunately, at this time, corresponding with these professional activities, it was decided upon by the Dental Manufacturers' Club to establish a similar campaign amongst the masses, and it is to their credit that a fund of $4,000 was placed at the disposal of the National Oral Hygiene Committee instead of using the money for that purpose independently of the profession. At the same time, about December, 1909, the Ohio State Dental Society contributed $500 for assistance, thus going down officially as the first state dental society to open up its treasury funds for such a purpose. Meanwhile, in Cleveland, clinics were being established by the financial aid of the manufacturers, and on March 18th, 1910, the six clinics founded by the National Oral Hygiene Committee were officially opened, this

being a momentous event in the history of this phase of our professional activities. However, much dissatisfaction amongst the profession was broadcast in regard to the advisability of outside aid, and dissension was offered as to the desirability of taking financial assistance from the manufacturers, so that in 1910 it was decided to take funds only from the profession or philanthropy itself, $1,000 being asked as a starting sum for the work to be undertaken. Up to 1911 only $420 had become available from the profession throughout the country for this purpose.

Coincident with these activities, there was devised a plan by which scientific proof could be given of the correctness of the theory that oral hygiene was particularly valuable for school children. Dr. Ebersole succeeded in inaugurating at the Marion School of that city a series of physical and psychological tests amongst a selected number of school children, which resulted in such a positive demonstration of the value of oral hygiene that the reports of those examinations held in that school have become in their own way classic ones. Summing up these tests of the 35 pupils selected from 846, all of whom had the poorest physical and oral condition of the total number in attendance, the results in health improvement were nothing short of wonderful, and of the 27 employed for mental tests, the psychologist gave a net gain in mental efficiency of 99.8 per cent at the end of the examinations. This is just an idea of what oral hygiene could and can always do. In all, the good accomplished could be summed up as demonstrating:

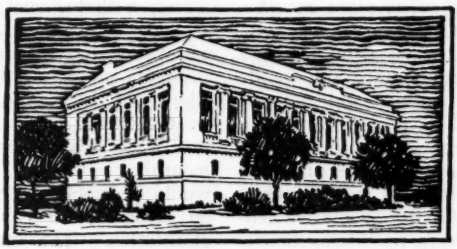
First. The economic value of oral hygiene to taxpayer, community and nation.

Second. The value in health to the individual by removing physical, mental and moral deficiencies.

Third. The great service which the dental profession can render humanity by its work in this field.

I have dealt upon these facts because they were really the first successful accomplishments of preventive work undertaken by the National Dental Association, and the foregoing statements were given in the report of the Oral Hygiene Committee in July, 1911, at their yearly meeting.

From this time on, the impetus having been offered, dental clinics of all kinds, philanthropic, municipal and state, began to spring up throughout the entire land, although it is claimed that as far back as 1908 Philadelphia had established the first municipal clinics. About 1910 the United States Army and Navy arranged for a standardized quota of dental surgeons, a most significant enactment in view of the fact that previous to this time medical men alone held commissioned positions in these departments, and dental work greatly insufficient in quantity had been per-



The Forsyth Infirmary.

formed only upon contract by outside practitioners.

The next most notable event, prompted by philanthropy, occurred in the sphere of oral hygiene when the first institution of its kind in the world, the Forsyth Dental Infirmary, was dedicated November 24th, 1914. When James Forsyth, of Boston, died he left one-half a million dollars to be used in the erection of a dental infirmary, in which the deserving poor children of that city would obtain dental treatment. After he and another brother, George Forsyth, had died, there were still two brothers living, John and Thomas Forsyth. These two latter added one and a half millions to the bequest of the first mentioned as a memorial to their deceased brothers. Only Thomas Forsyth lived to see the completion of the institution. This infirmary has all regular dental departments, besides nose and throat, and a staff of dental and medical internes, consulting and visiting staffs. It would take too much time to go into the details involved, but it is sufficient to remark that hundreds of children are treated each day who otherwise might never obtain relief, and all work is carried on as in a private office, systematically and in the most approved manner. Lectures and post-graduate courses are given to the profession in conjunction with the work done, while the children are given illustrated talks and movies on oral hygiene. It is thought that in the future the building may have to be enlarged, as the demand for treatment is so great. Valuable research work is also carried on at this institution.

In February, 1910, the first officially reported public school free dental infirmary was opened at Rochester, N. Y., a city which stands high in its devotion to oral hygiene. It is doubly honored in this respect. Through the philanthropy of Mr. George Eastman, a wonderful institu-

tion, similar to the Forsyth Infirmary, has become possible. When the entire plans are carried through this gentleman will have contributed about one million dollars toward the building, equipment and maintenance. This project not alone includes the main building, but also dental services, lectures and toothbrush drills in the public schools by a staff of salaried dental hygienists, for whom there is a training school in the dental infirmary. Including stipulated private and municipal contributions in addition to Mr. Eastman's, when the institution shall have been in existence five years about one million and a half dollars will have been expended. It is also fair to state, in reference to the city of Rochester, that it has been the pioneer in dental dispensaries, through the efforts of the dental profession of that city, the public-spirited citizens and contributions of Mr. Bausch and the late Mr. Lomb. To this city and Cleveland go the honors of the first real municipal interest in oral hygiene.

We have now to discuss another important turning point in the progress of this movement. Dr. Alfred C. Fones, of Bridgeport, Conn., one of the leaders in oral hygiene, has had his name associated wth that of the newly arrived dental hygienist. To go back to the origin of this new arrival, the dental nurse. Several years ago Dr. Fones stated that 80 per cent of dental decay in children's mouths could be prevented by constant prophylactic treatment or so-called cleanings, in conjunction, of course, with personal oral prophylactic measures. His hypothesis was to have trained dental assistants placed in the schools who could, during the first year, treat only children of the first-year grade by giving each child a monthly cleaning. This work would be supplemented by talks on personal, oral and general cleanliness. The same nurses would then follow these children into the second year, and new ones attend to the children of the first year, continuing the scheme for the first five years, which would represent the most susceptible period to dental caries. After the end of the five-year period the children would understand the prophylactic value of oral hygiene and have had the constant supervision of the same dental hygienists. It would be only through the help of these women assistants that the great number of school children should be taught oral hygiene, since not more than 5 per cent could be reached if the dentists themselves were depended upon. So he proposed to start educating a small number of women, not for the purpose of forming a school, but primarily to secure a textbook to be used as a standard in all similar undertakings for the education of dental hygienists. Many authorities rendered their services as lecturers, besides Dr. Fones, who gave practical instruction himself, and his school was the first to graduate a class, besides having since completed

"Newspapers have likewise lent their aid," says Dr. Kauffmann, "and the press, in several instances, has volunteered its support, as have periodicals. As a special effort in this direction, the pages of ORAL HYGIENE have been well known amongst the profession ever since the days of Dr. George Edwin Hunt."

the textbook proposed. This has served as a stimulus for other institutions.

Schools for dental hygienists affiliated with universities are now existent in many of the principal cities of the United States.

The oral hygienist has had her status defined and legalized in several states, and at the present time the outlook for further recognition is very promising. Although the scope of her work was mainly intended for public institutions, the hygienist is also employed in the private dental office.

The term oral hygiene has had a spreading meaning amongst the profession, because it may be applied in different ways. Some use it in the sense of the specific prophylactic procedure which involves the instrumental cleansing of the teeth, or synonymously with the term oral prophylaxis. Others include in its province the factors concerned in so-called preventive dentistry. That is, such processes as the detection and filling of initial cavities of decay, necessary exodontia, orthodontia and other forms of dental practice. Incidentally, the phrase preventive dentistry has an analagous relationship to the term oral hygiene. In other words, it denotes those procedures carried out to either preserve or restore healthful mouth conditions, so as to prevent any serious disturbance which might follow upon non-interference with pathological mouth conditions, or may even be applied to dental treatment in the adult, where minor defects might be the precursors of more serious consequences. Of course, all educational processes which are really fundamental in the execution of our professional mission are usually included in the broad term of oral hygiene. Nowadays the latter phrase has a broad application and is used in a most general way to indicate all those aspects of hygienic propaganda and actual practice which will teach the ideal of, and establish, a healthy mouth.

Provided he does not become possessed by commercialized attitude, the dentist will be a powerful element in the sphere of public usefulness. Although hygiene, strictly speaking, pertains to the preservation of a state of health, oral hygiene is so used that it may be applicable in the sense of the saying, that it is never too late to mend.

At this point it is almost su-

perfluous to mention the more intimate relationship which has been brought about between the dental and medical fraternities, through the marked prevalence of modern dental and oral pathology, in conjunction with its bearing upon the body as a whole. It is needless to state that the progressive medical man of today is willingly cooperating with the dentist, not alone in an effort to solve disease problems, but as a convinced exponent of the importance and value of oral hygiene. Since the medical profession holds such an eminent position of prestige amongst the greater public, their association will prove of powerful assistance to us.

In recent years the actual demonstration of the true value of oral hygiene has prompted several philanthropists to aid the movement in a material way. The negative attitude of our civic benefactors, relative to dental welfare, has heretofore been a reflection of an insufficiently aroused public. However, our profession has now proved its cause before the bar of intelligent opinion.

It is just lately that munificent donations, so unusual as far as dental philanthropy is concerned, have been made by two public-spirited Chicagoans, Mrs. Montgomery Ward and Mr. Julius Rosenwald. These are outstanding amongst numerous contributions.

In a nutshell, it means that the importance of the practice of dentistry and its scientific status today have resulted in an increased respect for the services of our profession.

A most thorough study and investigation of dental public welfare work was recently undertaken in New York City which included every form of public dental service. This pertains chiefly to the care of the poor. Quite noticeable amongst municipal administrations is their lack of interest in dental welfare, and enthusiastic dentists are seriously endeavoring to enlighten the powers that be. The process is a slow one, and the slogan of the profession in New York City is "A dental clinic in every school." In the public schools of this city where dental clinics have already been established the children have been considerably benefited through actual work carried out upon their mouths. In no event does the municipality attempt to interfere with the private rights of either child or dentist, since it is always made plain that, aside from an examination, the youngsters may, if they prefer, receive outside treatment.

Still another form of official administration in dental health work is that in which state governments—for instance, those of Mississippi and Oregon—show their interest by organized public exhibits and campaigns of oral hygiene propaganda. The former state has a most elaborate demonstration, and the latter one makes it a point to include oral hygiene in the curriculum of its training schools, possessing an official state list of dental reference books for use amongst its

teachers and students. This in itself is only a small item, but looking backward over the passing years it carries a deeper significance, in that it emphasizes the recognition of the importance of a healthy mouth.

Red Cross activities exampled in the frequent participation, both financially and practically by that organization, help to keep the ball a-rolling. We read of their providing the dental equipment for some small-town or traveling dentist whereby they give relief to children in want, who would otherwise suffer from dental ailments. Even the educational stimulus alone is of great value, because their name carries considerable weight. Technically speaking, a clean tooth does not always refrain from decay, but the children are best taught, on the whole, that clean teeth never decay. At least it is true in a great majority of cases. Numerous other beneficent societies have established dental clinics, as have also many industrial organizations.

Literature, especially written for children in fairyland style, with the fundamental purpose of teaching mouth cleanliness, has no little value. Amongst others, Dr. John P. Erwin has been a constant contributor in this direction. Besides, there are at least a dozen elementary tomes for child and adult use available today, and works on general hygiene are being amended so as to include substantial and specialized information pertaining to the oral cavity.

Although but a recent innovation, the moving picture is taking its place in dental health work, and the August *Journal of the American Dental Association* lists 17 non-technical films available for public use. The writer is in a position to state that New York City will shortly have distributed amongst its public the first officially written pamphlets for child and adult use on oral hygiene, through the activities of the Oral Hygiene Committee, which is representative of every dental organization in the metropolis, under the chairmanship of Dr. Waldo Mork, with the untiring assistance of its former chairman, Dr. Thaddeus Hyatt, and Dr. Wallace Van Winkle. The aforementioned committee is one of those bodies of silent workers, digging away year after year in an effort to place oral hygiene upon its proper pedestal. Of course, many other names might be mentioned emanating from diverse communities throughout the breadth of the land.

Turning to a very modern device, the radio has also succored our cause, and hygiene talks are being broadcast by public-spirited dentists, including Dr. Charles Brophy, who has made aerial discourses popular in this section.

Taking the New York committee as an example, they have succeeded in providing hygiene talks regularly each term in the various public schools of the city and other institutions and organizations where such assistance is requested.

Newspapers have likewise lent

their aid, and the press, in several instances, has volunteered its support, as have periodicals. Such printed matter should always be handled through competent dental advisors. As a special effort in this direction, the pages of ORAL HYGIENE have been well known amongst the profession ever since the days of Dr. George Edwin Hunt.

The oral hygiene campaign, which is really never-ending, has for its ultimate object the education of every individual constituting the masses of the land, and the chief factor involved in the propagation of its principles is the individual dentist. He is the prime unit of success in reaching the goal, and as every dentist carries the rank of doctor, so must he live up to the meaning of the word, which in the Latin is teacher, and do his full share. Until then he will not have obtained the public respect which is so easily his for the asking.

Just recently, in New York, the Allied Dental Council, under the leadership of Dr. Maurice William, a progressive organization of almost three thousand dentists, held in this city an oral hygiene exhibition which a great many thousand visitors attended. This was the first exclusively dental hygienic demonstration ever held in New York City.

Its success depended entirely upon the public-spirited attitude of individual dentists, and the enterprise should prove a stimulus to other professional bodies throughout the country.

Not unmindful of its faults, aware of its youth, and modestly cognizant of its success, the dental profession may proudly demand its place in the front ranks of the crusaders for life extension.

Just a Flower for the Living

By G. E. ZINN, D.D.S., Wagoner, Okla.

I JUST this minute finished reading the article by Dr. C. Edmund Kells, on "The Easy Life," in the January ORAL HYGIENE. I never read a more important article in my thirty-five years' practice. Every young dentist and coming dentist should read it and let it soak in.

I never want to miss any of Dr. Kells' articles, and never do if I can help it. I'd rather walk ten miles to get my journal than to miss any of his little articles.

I do not know Dr. K. except through his writings, but I do know he stands at the top as a worker for the good of humanity and among such men as Brophy, Gilmer, Johnson and others that I do know personally.

May he live long and write much, and when at last he crosses the bar I know his conscience will waft him on a flowery bed of ease, a fit ending for shunning "The Easy Life."

ORAL HYGIENE'S C

By GLADYS POWERS, Dental Assistant, Marinette, Wi

HORIZONTAL

1—Type of cavity (*ab.*); also abbreviation for native state of critical patients.

3—The only tooth newspapermen know by name.

8—Pertaining to bone (head or jaw). (*Pre.*)

12—Shallow cavity, although outside of dentistry regarded as bottomless.

17—Pyorrhea's principal production.

21—Receptacle for such plaster as is not found on the floor.

24—Dentifrice; also thing dentists would like to do to jaw of obstreperous patients whether there is maxillary involvement or not.

29—Laity designation for cavities (*pl.*).

34—What newly graduated Cockney dentists live on.

38—Color observed by patients and dentists when filling comes out.

41—A poke for pus.

44—Laity designation for cotton pledget.

47—Half of word indicating direction dentists like to go, if they can't go South.

52—Christmas present for patient (*ab.*).

54—One of the few other professions using models.

57—If all patients did it none of us would eat.

60—Anesthetic—sometimes.

63—Dentistry's all-seeing eye.

68—Part of oral machinery used by patients in telling you how to operate (*pl.*).

72—Exclamation used by dentist on receiving unexpected check.

75—To hammer lightly; nothing to do with knocking other dentists.

VERTICAL

1—Professional degree—of the man across the hall who chose an easier life.

2—Prefix of word indicating frame of mind of young dentist buying elaborate equipment.

5—Part of facial anatomy given to dentists by sassy patients.

6—Found in this sentence: "Where are those forceps at?"

11—Another easy one: points of teeth (*pl.*).

15—Done to teeth and correspondence.

17—Top surface cavity (*ab.*). [We have got to put in *some* easy ones.]

19—Motive power for long journeys and vulcanizers.

21—Death Valley product used in inlay making.

23—Raised by patients who experience post-operative pain.

43—Vulcanizer's voice (more or less phonetic).

47—Part of honey-bee's lifework in dentistry's behalf.

48—'Tis human for young dentists to do it.

50—Abbreviation used "for short" by gold manufacturers; nothing to do with short weight, though.

52—Adjective applying to deal handed dentists by fly-by-night patients.

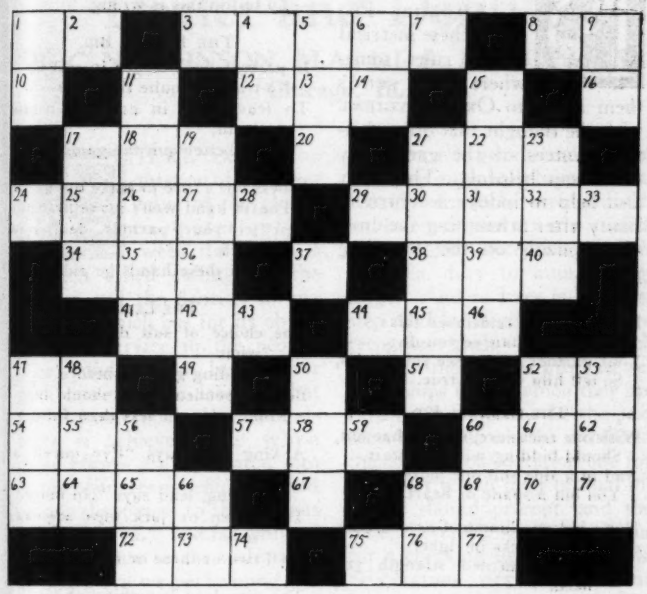
56—Game played by dentists in far youth.

60—Space between grandma's last two teeth.

66—Old form of article "the." [This is too easy!]

68—What German patients say when you ask if it hurts.

Cross Word Puzzle



The solution to this, ORAL HYGIENE's first cross word puzzle, will be printed next month. Please don't send solutions to the editor. Have a heart! *Next month*: A cross word puzzle by Dr. John Jacob Posner, of the Knickerbocker Building, New York City.

Bridge Rules in Rhyme

DR. F. D. MILLER, of Altoona, Pa., found these metrical bridge rules somewhere and sends them along to ORAL HYGIENE with the thought that other dental devotees of the game may find them helpful. They may also help to induce a return to sanity after attempting the cross word puzzle on the preceding page.

In bidding do remember this:
Don't fib, whate'er you do;
Your partner cannot see your cards,
So tell him what is true.

THE ORIGINAL BID.

With one trick sure, five in that suit,
Should bidding with you start,
And in a side suit one more trick,
You bid a spade or heart.

Don't bid one diamond or one club,
Less two tricks in sight:
And other guarded strength you need,
For no-trumps you invite.

Bid no-trump without doubt or fear
With three suits guarded well:
But be alert for trouble sure
Which other bids foretell.

THE SECOND BID.

With three strong suits, should dealer bid
Your weak one, then you "double"
To double no-trumps, have a care:
You may be courting trouble.

THE THIRD BID.

Don't help your partner in his bid
Unless your suit is strong,
His club or diamond one take off:
To fail in this is wrong.

THE FOURTH BID.

If partner doubles one in suit—
No-trump is quite the same—
To leave him in courts instant death,
You'd better quit the game.

Unless one's sure to make the game,
Fourth hand won't make first bid.
Best let your partner deal new cards
And of these hands be rid.

THE LEAD.

The choice of suit depends somewhat
On bidding gone on before.
But independent leads should be
From suits not less than four.

A king lead says "I've queen or ace;"
Ace, king, lead says "No more."
The queen or jack tops sequence sure
Of two or three or four.

The nine lead is nothing of top;
Deuce says "This suit is weak."
In fact, a three or four spot led
Claims little, so to speak.

The leads of fourth best of a suit
In many ways apply,
They show your partner without fail
Where winning cards may lie.

Now, when you play, don't e'er forget,
Watch all the cards that fall.
They have a meaning every one:
They have a meaning all.

The Relationship Between Dealer and Dentist*

By C. N. JOHNSON, M.A., L.D.S., D.D.S., M.D.S.,
Chicago, Ill.

THERE can be no question of the great value of the closest co-operation between the members of such allied callings as the dealers and the dentists in any capacity which has for its object a better service to the people. The fundamental lesson for each one of us to learn is that the ultimate goal of all our efforts is achieved only when those efforts are translated into terms of increased efficiency and greater happiness to the citizens of the world. Insofar only as we contribute to the welfare of mankind are we performing our allotted task in the fullness of our greatest obligation. That individual, whether he be dealer or dentist, who limits his aims to the mere problem of earning a living, and who looks no farther than this, is not very far along on the way to happiness, because happiness is not to be obtained in that way. It is an old saying, but true as it is old, that the surest way to achieve happiness is to constantly bring happiness to others.

Thus, if the dealer and the dentist are to get the most out of life they must look beyond what would seem to be their individual interests, and try to visualize the broader conception of their bounden duty to humanity at large. And as I see it, the first step in this direction is to try to recognize their duty to each other in the various intimate relationships under which they are thrown in contact. In the past they have not always exhibited the cordial consideration one for the other which their mutual interests should prompt, and the time, therefore, seems propitious for a checking up and a candid deliberation over the various means whereby better understanding and more efficient co-operation may be achieved.

I feel frank to confess that probably in the past the dentist has been less considerate of the dealer's point of view than has the dealer been of the dentist's. The dentist has too frequently assumed the attitude that the dealer was divinely ordained to work a hardship upon the dentist, and that his chief aim in life was to contrive in some way to separate the dentist from his hard-earned shekels. He has never taken the trouble to look into the dealer's point of view

*Read before the Dealers' Section of the American Dental Trade Association, at French Lick Springs, Ind., November 20th, 1924.

or even to discover if perchance the dealer might be entitled to a point of view. It has apparently never occurred to him that the dealer might be right in many of their lines of cleavage, and the dentist be wrong. In short, to be perfectly candid in the matter, I think we may admit that the dentist is not as broad-minded as the dealer. Naturally his constant confinement to the four walls of his office does not conduce to breadth of vision, and sometimes the dealer must suffer the consequences. Next to the pettyfogging and unprincipled lawyer, and the prejudiced and hide-bound clergyman, the narrow-minded dentist is about the most trying of all individuals with whom one may have business relations. Fortunately for the world, I think we may claim that the extreme types of all three are passing away—much to the advantage of society.

Today I am inclined to believe that the impositions of the dentist on the dealer are for the most part due rather to thoughtlessness than to real ulterior motive. Not having been perfectly trained in systematic business management he sometimes becomes unwittingly a sore trial to those who have to deal with him, and because the dental supply man is called on to deal with him more extensively than anyone else he becomes the chief sufferer.

With the hope that my remarks may in some way reach the members of the dental profession, I would suggest that it might be mutually beneficial if they would study a few items of unnecessary hardship which they are in the habit of thoughtlessly working on the dental dealers. Take, for instance, the one item of returning goods. Of course, we must realize that on account of unforeseen exigencies it at times becomes necessary to return goods which the dentist is for some reason unable to use, and it is not likely that the dealer will object to a legitimate exercise of this prerogative. But when this privilege is carried to the thoughtless extreme manifest in some quarters, it not only becomes a nuisance of the first order, but it results in a very heavy and wholly unnecessary financial loss. And it is very little material aid to the dealer to realize that much of this is due to thoughtlessness on the part of the dentist—the loss is there in just as tangible form. The thing for the dentist to do is to try to realize his obligations in the matter, and so manage his purchases that there will be the smallest possible amount of returned goods. This he can do if he gives the matter a little thought, and he should at least be wise enough to realize that it is to his own material advantage to do this, because of the patent fact that any loss from this practice ultimately comes out of his own pocket—there is no possible way of escaping this conclusion. In his dealings with the dentist the supply man must make a profit else he could not remain in business, and every loss such as that sustained by the needless

return of goods must be made up in a larger margin of profit, and this is manifestly paid by the dentist.

We all thus have a mutual interest in keeping down, as far as feasible, the aggregate expense of doing business, and the dentist should visualize this point of view more carefully than he has in the past, and should cooperate with the dealer in every possible way. We need frequent conferences between representatives of the two interests looking to more approved methods of conducting our joint affairs, and personally I should like at this time to express my appreciation of the invitation extended me to appear before you.

Another matter which mutually concerns us, and which should be studied more carefully by our dental organizations, is the arrangement of our meetings. In the past the dates and places of our large state societies have been planned for the most part without any consideration for the convenience or accommodation of the supply people, when as a matter of fact much of the interest manifested on the part of a large number of our members, particularly those who live in remote sections not easy of access to supply houses, centers around the exhibits of new instruments and appliances. The dealers have frequently been put to much hardship and considerable unnecessary expense by the haphazard way in which these meetings are dated, and there should be, on the part of the profession, a greater consideration for the welfare and the economical functioning of the supply people in the arrangement of their meetings. It is inevitable, of course, that there will be some overlapping of dates of state meetings, but they could be planned much better than they are, and at least some attention might be given to the greater convenience of the dealer. I think I may predict with some confidence that there will be, in the near future, a substantial improvement in this regard, following the appointment of a joint committee from the American Dental Trade Association and the American Dental Association, which has already met in conference and will continue to do so at various intervals till a more equitable plan has been worked out and submitted to the parent organizations. Much good will undoubtedly result from the deliberations of this committee, and better co-operation will ultimately obtain between the two associations.

There are many ways in which the dental profession may show a keener appreciation of their obligation to the supply interests than they have done in the past. It might as well be acknowledged at once that without the manufacturer and the dealer the dentist would be so crippled in his work that he would fall far short of rendering the most efficient service. This is something that the dentist does not always stop to consider, with the result that he all too frequently drops into the habit of ignoring his indebted-

ness to the genius and untiring efforts of the supply man, and assumes an attitude of indifference which does not tend to establish the most cordial relations betwen them. The hardest lesson in life to learn is to invariably be able to see the other man's point of view, and I am very sure that the dentist has not always exerted himself as he should to place himself in the dealer's position, and try to govern his actions and his judgments accordingly. If he had, he would undoubtedly have been broader minded and more charitable of what he has been pleased to, term the dealer's shortcomings.

And in like manner it may be said at this time in all candor that there are certain tendencies among some dealers which might profitably be considered from the dentist's point of view, to the end that the dealer may know the impression which is sometimes given the dentist by the dealer's various activities. In all likelihood there are many dental salesmen in this audience, and it so happens that the salesman is frequently the only medium of communication between the dealer and the dentist. If I venture to make some suggestions to the salesman I trust they may be taken in the same friendly spirit which prompts them. They are intended merely to turn the current of the salesman's thoughts in a slightly different direction from that which most intimately concerns himself, and show him some things from the practitioner's point of view.

To begin with, I would remind him that it is not always pretense when the dentist tells him that he is extremely busy and that there is constant pressure on his time. In some offices the very minutes count, so that when a salesman makes a plea to see the practitioner "for just a minute" or "for only five minutes," he often fails to realize the extent of the favor he is asking. Every considerate and gentlemanly practitioner would be only too glad to see the salesman whenever he comes to his office if it were at all possible for him to do so, but it is only the really and truly busy man who can realize how futile it would be to attempt such a courtesy. The mere fact that he may not have a reception room full of patients at the moment, or even that he may not have a patient in the chair, is no evidence that he is really at liberty. There may be a myriad of items pressing for attention on his desk or his bench, and when the salesman, in his enthusiasm, extends his "five minutes" into fifteen or twenty it works a serious hardship on the dentist. Curiously enough, I have seldom encountered a salesman who wanted more than five minutes or who took less than fifteen. I always try to be interested in their product because I honestly want to look at their side of the situation, but—I must confess that some of them have actually spoiled a sale with me by ignoring their original promise and

talking altogether too long.

The psychology of the dental salesman has always been to me a matter of intense interest. Frequently I have admired him, sometimes I have envied him, and occasionally I have wanted to cuss him. I have always aimed to put the charitable interpretation on his activities that he was obliged to earn his living, and was only trying to do his best in this particular. Among the salesmen I am proud to number some very excellent and even intimate friends, and it is a genuine pleasure to have an occasional chat with them whenever the opportunity presents and time will permit. These are the men who have learned the value of an operator's time, and who never intrude their personality on him with the flimsy excuse that they have something of the greatest importance to impart to him, and are obliged to see him in person during office hours. In short, they are men who have grown big enough to see the other man's point of view.

There is one class of salesman to whom I wish especially to refer at this time—not because they are so great in numbers, but because their particular duties render their association with the profession of the utmost importance. These are the men who have charge of the salesrooms in close proximity to our dental colleges, and who thus come in intimate relationship with our great student body. I wish I could impress on these men the possibilities of good or ill which may result from their close contact with the undergraduate. These boys are in the formative stage of their professional life, and are easily molded into correct or incorrect ideas. They come to the college often with very little experience of the world and its ways, and are thus subject to the impressions they receive in what is probably their first contact with a strange social fabric after leaving home. It is consequently of the utmost importance that all of the influences which surround them in their college days be of the most wholesome character, and that they, in these early days, imbibe the highest ideals and best traditions of their future professional life. The students naturally associate with the salesman on a basis of comradeship which does not obtain between the student and the teacher. They exchange confidences and the student falls into the habit of seeking advice in many of his problems. It, therefore, quite naturally follows that the salesman acquires a very unusual influence over the student, which, if he exercises it in a beneficent and constructive manner, may easily lead to great good. But, on the other hand, if the salesman's influence and example are exerted in any ulterior manner he may plant a seed in the student's mind which will ultimately grow into a noxious weed instead of a profitable plant.

I think that probably many a student's life has been directed by the conscientious salesman into a bigger and broader vision, just as I am sure that in some

instances the influence of the salesman has not been salutary. When, for example, the salesman says to a student in an apparent burst of confidence, "It's all right, of course, in college for them to teach you ethics, but when you go out you will go after the dollar," the effect on the student's mind is not to make of him a promising professional man. It may be quite natural for the salesman to emphasize the value of a dollar, and there is always the temptation to discuss finances, because the student is attracted to that subject. That dollar looms very large in the student's mind during his college days when he finds it so hard to get a dollar, and when in all likelihood the chief incentive which prompted him to take up dentistry was the feeling that he could thereby make money or at least a respectable living. There is little wonder that both the salesman and the student should naturally find themselves discussing money, nor even that they should in so doing minimize the factor of ethics in professional life. Neither one of them has been placed in such a relationship to ethics as to be able to grasp its full significance in the upbuilding of our profession. The salesman's chief interest in dentistry is manifestly to sell manufactured articles. He is not concerned with the relationship involved in the contact between the practitioner and the patient, which at once introduces the principle of professional ethics. And the student, fresh from the high school or academy, with his mind still in the making, cannot be expected to see the significance or beauty of this type of ethics. A real ethical vision comes only after association with patients in the rendering of service, when the sense and scope of his professional obligation is day by day borne in on him by actual contact with suffering and its relief.

But both should be made to realize that ethics in professional life is a very essential factor in their own personal welfare. Had it not been for ethics there would have been no profession of dentistry as we see it today—nothing beyond the crude forceps of the barber, the blacksmith, or at best the practicing physician. All of the beautiful equipment furnished by the manufacturer and sold by the salesman would never have been called for—all of the aspirations of the enthusiastic student who has ambition would not have been possible of realization. Ethics has built our profession, and it will be the only means by which it may be maintained. Therefore, it is distinctly to the advantage of the dealer and salesman to uphold the ethical idea in every possible way, and to this end, in their contact with students, they should lend the weight of their great influence toward an ever-increasing respect for ethics on the part of every man or woman with whom they come in contact.

Another matter worthy of consideration at this time, as it concerns the student or recent graduate, relates to the tendency

on the part of some of our salesmen to overload the graduate with too much costly equipment. It is a quite natural temptation to sell as many goods as possible, and the young man in the full flush of his acquisition of a diploma and his exalted vision of a lucrative practice is a very alluring prospect. The level-headed dealer must know that there is no profit in selling goods to men who are not able to pay for them, but the impulsive salesman does not always seem to realize this. As a consequence there are too many concrete examples of young men starting out in practice with so expensive an equipment that they are handicapped from the start by a heavy debt which they are not able to liquidate and which acts as the proverbial millstone about their neck. I would not have the presumption to make any suggestions to a body of men who know so much more about conducting business than I do, but my interest in the matter is primarily associated with the welfare of the young men starting out in dental practice, and it is impossible for me to see how this tendency to over-equipment is for the betterment of either the graduate or the dealer. I am very sure that it has worked to the detriment of many a young man and has clouded the earlier years of his professional life.

The financial loss to the dealer in bad debts and returned equipment is not the only unfortunate circumstance connected with such transactions—it is the general demoralization of the whole affair. A young man should start out in life with an exalted sense of his financial obligations, and the dealer should do his part in instilling this principle in the minds of all new graduates. In his relationship with students and graduates the dealer has an unusual opportunity of exerting a wholesome influence in the way of better business ideas, and it is not only his obligation to do this, but it is manifestly to his own advantage. As has been intimated, the average dentist is not too well grounded in business principles, and the dealer has probably been made to suffer more than anyone because of this factor. How much better for all concerned to have the new graduate start out in a modest way with an equipment that he can hope to pay for, and then add to this equipment as he secures the means, than to have him attempt to make a spectacular showing at the start only to collapse financially a little later and throw a lot of used goods back on the dealer's hands. The latter course cannot be profitable to the dealer, and it surely results in disaster to the graduate.

I have deemed it wise to bring this matter before you for your consideration for two reasons—one because I have seen so many financial failures among young professional men from overreaching, and the other because I believe your body is so well qualified to discuss the subject for the ultimate benefit of all concerned.

First Mouth Hygiene Exhibit Big Success

By MARVIN SMALL

THE world's first attempt to center the attention of a large city on mouth hygiene, through an educational exhibit, has been successfully launched in New York City by the Allied Dental Council, with the official endorsement and co-operation of the Oral Hygiene Committee of Greater New York.

There have been dental exhibits before, of course, but heretofore these undertakings have been part of general health exhibits. Here, however, the order was reversed and the general health agencies, such as the Tuberculosis Association, Society for the Control of Cancer and others, together with the dentists and dental organizations, directed their entire activities to the story of the teeth, to the relation of mouth hygiene and general health.

The opinion of the exhibit's effect is most aptly put by Dr. Frank T. Van Woert, of Columbia University, when he said, "You have done something here that has never been done before and it is a fine piece of educational work. The Allied Dental Council is to be congratulated upon its great success."

However, as Dr. Maurice William, president of the council, states, "There were many shortcomings to this first exhibit—that was naturally to be expected. For one thing, we should have located the exhibit better to draw more adults at night. The big point is that we have planted the seed of an idea that is bound to flourish. It is now up to dental organizations throughout the country to take up the issue and make this start the beginning of a great mouth hygiene movement."

The Mouth Hygiene and Health Exhibit consisted in the first place of a graphic picture-story, divided into units or booths. Any wording used to help tell these stories was virtually in baby language. No words such as "eruption," "caries," "oral," "malocclusion," etc., were used anywhere. The first booth told what the parts of the mouth did, made the visitors conscious of the duties not only of the teeth, but the tongue, the salivary glands, the saliva. Models and skulls loaned by Columbia University helped to illustrate this story. Then the story of the baby teeth, when and how they came in, was told, aided by skulls furnished by the New York Dental College. The third story was "Bad Baby

Habits and How to Correct Them," showing the effects of pacifiers, thumb-sucking, etc. Then came a booth on the six-year molar. Then a booth on the "Bad Effects of Crooked Teeth."

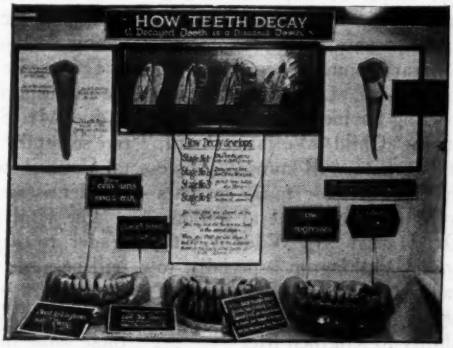
The next story was on diet, and was illustrated by a skull of a 90-year-old Indian and a 40-year-old "man of today," one loaned by Temple University, the other by Dr. Percy Howe, of Forsyth Dental Infirmary. Also milk, oranges, leafy vegetables and other favorable foods were exhibited. Then came the story of decay, then how abscesses form and affect the body. The following and largest booth was devoted to the pyorrhea story. The use of x-ray pictures came next, followed by an explanation of modern dentistry.

Photographs then showed, in two different booths, how neglect of the teeth brings on lost facial beauty, and how loss of the teeth gives one the appearance of looking older than he is. The last two booths showed the correct care of the mouth and teeth.

A "Chamber of Horrors" attracted very considerable attention. Here was shown what happens when the teeth are neglected. The room was draped in black and photographs of severe cases shown. However, to lighten this "scare appeal," caricatures of people with toothache, etc., were mixed in.

Fifteen chairs were installed in the upper floor of the Allied Dental Council headquarters building, and here thousands upon thousands of children and adults had their teeth examined. The very interesting results of these examinations will be told at some other time, after further tabulations and analyses have been made. The tie-up came when the examining dentist handed each one of these thouhands of people the report of his or her mouth condition (with instructions to have defects corrected at once).

On this upper floor the New York City Board of Health, the Tuberculosis Association, the



One of the Exhibits.

New York Heart Association, Society for the Control of Cancer and the Social Hygiene Association had very interesting booths showing how various diseases are often caused by infected teeth and by germs entering the body through the mouth.

The War Department of the United States furnished material for an excellent exhibit on facial restoration through oral surgery. There were shown 360 pictures taken during the war. And, in addition, a number of manufacturers had exhibits and aided in the educational program. It might be mentioned that these manufacturers contributed to the cost of the exhibit, but the bulk of the expense was underwritten by the dentists.

In addition to the direct benefits from the exhibit and the publicity derived, the attention directed to the subject of mouth hygiene is invaluable.

These are but a few of the sidelights. United States Senator Royal S. Copeland and a large group of other prominent citizens were formed into an honorary committee in charge of the exhibit. At the opening meeting Sophie Irene Loeb, head of the Child Welfare Board, and other well-known people made addresses; radio speeches were made over several stations, Dr. Harvey W. Wiley coming from Washington especially to radiocast about the exhibit and about mouth hygiene and its ability to lengthen life.

The Pathè newsreel contained quite a bit of film showing children coming to the exhibit, and also Senator Copeland teaching a number of show-girls the correct way to brush their teeth.

Silver loving cups given for the best and most beautiful teeth in several classes attracted much attention.

Collier's Weekly ran a corking editorial on the exhibit, and it might be added that this editorial has brought much comment and aroused much interest throughout the country.

The newspapers and magazines ran a considerable number of pictures and stories; almost half of the ministers in the city spoke about the exhibit and about mouth hygiene from their pulpits. So far as the publicity is concerned, I feel that it has just been started. I am sure much more will follow. Educators and social workers who visited the exhibit carried away with them impressions that will not be soon forgotten. Some of them are sure to spread the information secured through this exhibit.

The credit for this idea and the enthusiasm which put it over is due Mr. S. J. Horn, executive secretary of the Allied Dental Council, who has done much for dentistry through it.

The vital point is now, dear reader, to *carry on*. Momentum will be gathered soon enough if the leaders will but inaugurate a nation-wide campaign along these same lines.

Mouth Hygiene

ew York, Member A. P. H. A.

ospital; Attending Dental Surgeon, Diagnostic Clinic, eview of Clinical Stomatology.

sociation, in a paper read before the American Dental Association, pointed out the importance of establishing a mouth hygiene division in the state departments of health.

The statistics gathered by United States Public Health officers show that of approximately 2500 school children examined, 49.3 per cent had two or more decayed teeth.

Among 7579 Florida school children 8.9 per cent had two or more decayed permanent teeth.

Ninety-five per cent of the children of the Massachusetts schools have dental caries.

In Kansas City, 44 per cent of the children of the ages from three to six show dental caries.

In a report of examinations of 294,754 children in the public schools of New York for the year 1922, 59.1 per cent had defective teeth.

In Cleveland* the Board of Education operates eight dental clinics in public school buildings, for the care of first grade school children. The Health Department maintains two dental clinics with a budget of $4,800 for salaries and $1,500 for supplies, also for first grade children. Clinics for the extraction of teeth are held in the Cleveland City Hospital. The importance of this type of service, namely, extractions, cannot be questioned as evidenced from the report of five thousand operations performed in the past year. All operators use a standardized technique. The Department of Health Education publishes educational pamphlets for distribution. The budget for 1924 is $12,000.

In the following, figures refer to the dental service in Detroit† school dental clinics:

Number of children examined in 1923	56,013
Number of children with permanent teeth decay	30,310
Number of children with abscessed teeth	4,563
Number of fillings	16,810
Number of permanent teeth extracted	3,359
Number of deciduous teeth extracted	11,855

Detroit spends $25,000 annually for dental services.

Dr. Davis in charge of Flint, Michigan, school clinics reports his activities for four years:

Number of children examined	62,302
Number of fillings inserted	52,109
Number of permanent teeth extracted	7,615
Number of deciduous teeth extracted	24,292

*Oral Hygiene Inspection and Dental Clinics in the Cleveland Public Schools, *Dental Summary*, July 1924, p. 616.

†Thompson, A. C. School and Factory Dental Service, Michigan State Dental Society *Bulletin*, April 1924, p. 34.

The following is the report* of City School Dental Clinic of the district Schoneberg of Berlin for the year 1923-1924:

	1923	1922
Number of days clinic in operation	259	255
Total number of children	13,000	15,136
Number of children periodically examined	4,119	4,595
Number of children free from dental disease	2,975	3,045
Number of girls treated	8,211	8,629
Number of boys treated	6,249	5,512
Total number of children treated	14,460	14,141

About 56 children are attended to daily; of the 14,460 children in 1923, 4,981 were examined for the first time.

The clinic performed the following services:

	1923	1922
Amalgam fillings (permanent teeth)	7,321	6,394
Amalgam fillings (deciduous teeth)	455	542
Cement fillings (permanent teeth)	106	94
Total number of fillings	8,522	7,710

Operative and surgical services:

	1923	1922
Extraction of permanent teeth	509	449
Extraction of temporary teeth	4,147	3,500
Prophylactic treatment consultations	2,238	3,560
Local anesthesia administered	517	444
Cleanings	344	402
Root canal treatments	1,974	1,619
Root canal fillings	609	561

The money spent for this service within four years was $44,000.

Decay in permanent teeth in Flint schools was reduced 70 per cent.

Patients sent from different hospitals were also treated at these clinics.

This shows that there are sufficient statistics to indicate the prevalence of dental caries among school children. We also know that the condition is getting more and more serious, due to the fact that with all the campaigns in dental hygiene, tooth decay is on the increase.

Dental caries, aside from causing loss of teeth and deforming the dental apparatus, has ill effects on general health, a fact that can no longer be ignored by those interested in public health.

The problem of mouth hygiene becomes more complex when we consider it in regard to the adult population. Even if we were to solve the problem of child dental hygiene we will still have the problem of adult population.

Dr. McGee, an active worker in the mouth hygiene movement, maintains that it is more than likely that over one-half—some

*Harder, Zahnarztliche Runschau, Berlin, 33-28 (July 13) 1924, p. 363.

authorities say seventy-five per cent—of all our diseases enter through the mouth. Only about one tooth out of five that is abscessed causes any local pain.

"There are many infections of the mouth, such as the various forms of stomatitis, cancrumoris, noma and gangrene, that come from unclean habits in regard to the use of drinking cups, tooth brushes, pipes, lead pencils and anything else that has been used by another person without being thoroughly cleansed."*

In a recent investigation in England of the obscure group of diseases classed as "rheumatic" by the Ministry of Health, it was shown that approximately 50 per cent of the acute cases had enlarged or septic tonsils of which only 2 per cent of those with acute rheumatism had undergone the removal of tonsils; approximately 50 per cent of those with acute rheumatism and 25 per cent of those with subacute rheumatism showed endocarditis, either recent or old; more than 75 per cent of the rheumatic patients above 25 years of age showed dental sepsis in some degree, while patients with chronic joint diseases showed an even higher percentage. The number of persons under investigation were 90,891, of which 57,988 were males and 32,893 females. Among this group, 2,510 cases of rheumatic diseases were carefully studied. Of these 1,771 were males and 739 were females. It is estimated that in England this type of disease costs approximately $10,000,000 annually, and deprives the nation of 3,141,000 weeks of work. Half of this loss, both as regards money and time, is due to chronic joint diseases.†

These figures are very significant in the light of our knowledge regarding the relationship between mouth infections, joint diseases and endocarditis. The question of the degree of dental sepsis is a difficult one to determine as some do not consider dead teeth, especially those without apparent local symptoms, as oral foci of infection. The absence of local symptoms in cases of mild pyorrhea, gold shell crowns on teeth, fixed and unsanitary restorations are usually not considered as sources of mouth infections.

The report‡ on industrial dentistry as a factor in public health given by the British Dental Association, throws some light on what is being done and can be done in this direction. The committee went on record as saying that "of all causes of ill-health none is more widespread in its incidence than dental disease. About 90 per cent of the population are affected. Many cases of adolescent and adult malnutrition or dyspepsia are due to loss

*McGee, Rea Proctor, Infection from the Mouth, ORAL HYGIENE, June, 1924.

†Editorial, A Field for Preventive Medicine, *Journal of American Public Health Association,* May, 1924, p. 525.

‡British Dental Association, Report by the National Dental Service Committee on the Industrial Dental Service, Clinics and Equipment, August 1, 1922.

or decay of teeth in childhood." The significance of the value of dental service to the efficiency of industrial plants is now well recognized. It is reported that one firm bears half the cost of denture work for employees who have been in their employ for three years or upwards.

The International Harvester Company report* of the condition of the employees will bear some important evidence of need of mouth hygiene.

The report reads as follows:

Number of men examined	18,904
Pyorrhea	8,277
Having pulpless (dead) teeth	22,641
Needing extractions	25,122

Clinic service report shows:

Extractions	14,659
Fillings	15,202
Pyorrhea treatments	45,395
Chronic abscesses treated	18,830
Acute abscesses treated	7,881
Roots filled	12,789
Exposed pulps devitalized	15,396

One must consider whether it is to the best interest of the patients in factories, as well as for the best efficiency in public health, to practice root canal filling, pulp devitalization, and treatment of acute and chronic abscessed teeth. Would the funds expended on this type of work be used to greater advantage to the company by extracting the 22,641 pulpless teeth and also the balance of 10,463 teeth which were assigned for extraction?

It is Dr. Bunting's belief† that greater stress should be laid on preventive rather than on reparative work of a doubtful nature, particularly as he states, "When we recognize all the complex problems that may arise with the death of the pulp and the difficulty of their solution we realize the great necessity for keeping all pulps alive."

Up to the present time some attempts have been made by state boards of health or state boards of education to establish dental clinics in public schools. The generosity shown by dental societies and other private organizations volunteering in the work is highly commendable. From the figures given in Dr. Clark's report there are on the average, approximately 20 clinics per state. New York, California, Pennsylvania, Mississippi, Michigan, Tennessee, and Virginia and the Territory of Hawaii, have special agencies for mouth hygiene.

All of these agencies are under the authority of the state Board of Health, excepting New York and Hawaii, which are under the authority of the Board of Education.

There are 106 dental clinics in the above-mentioned states supported by public funds; 48 dental clinics supported by volunteer agencies, and 9 clinics maintained by both public and volunteer funds.

The clinics supported by public funds are not under the supervision of one single agency,

*Thompson, A. C., School and Factory Dental Service, Michigan State Dental Society *Bulletin*, April, 1924, p. 25.

†Bunting, Russell W., Oral Sepsis in its Relation to Systemic Disease. *Dental Cosmos*, May, 1924.

	Number of carious teeth per child	Percentage free from caries	Number of carious teeth per child	Percentage free from caries
1910-14	6,4	5.0	4.6	2.9
1919 (last 3 months)	2.1	42.0	2.1	26.0
1920 (first 3 months)	1.9	48.0	2.1	28.3

but are under a variety of educational and health organizations, such as the Bureau of Child Hygiene, Bureau of Medical Inspection of Schools, individual school boards and departments of public constructions, or county boards of health and boards of education, jointly.

The pioneer work of Dr. J. Sim Wallace of England in the prevention of dental caries through proper dietary reforms is gradually being recognized by many agencies active in mouth hygiene. The principles of dietary reform advocated by Dr. Wallace are incorporated in the educational literature, issued by the Council of the Society of Medical Officers of Health, and distributed among the lay public. Before the State Medicine Section of the British Medical Association at their general meeting in 1912, Dr. Wallace pointed out the importance of the prevention of mouth sepsis as part of the functions of Public Health Service. He stated that, "the extreme commonness of dental diseases, their various modes and channels of infection, and the insidiousness and remoteness of their results, together with absence of knowledge outside stomatological circles, all tend to obscure the inevitable and disastrous consequences which attend the failure of the Public Health Service to appreciate the overwhelming importance of dental disease in relation to public health."*

From the above table† we can readily notice a decrease in dental caries as a result of the practical application of some of the dietary reforms advocated. It is a comparison of the inspection of 37,527 school children in the pre-war years 1910-1914 with the inspection of 10,593 school children in 1919 and the first three months of 1920.

Richmond Dunn, Esq., Director of Dental Nurses' Training School, Wellington, New Zealand, in his report states, "The principles we teach are those of Dr. Sim Wallace, and every day's work tends to confirm them. Most of the damage is done both to the teeth and health, between the ages of 1 and 5. I commend this pre-school idea that pre-school dental nurseries would be better than dental surgeries."

Mr. Dunn believes that much more can be accomplished for the general public by prevention

*Wallace, J. Sim, Dental Diseases in Relation to Public Health, London, 1914.

†Wallace, J. Sim, Personal Communication—This is the report of the Chief Medical Office of the Board of Education for 1919.

than through surgery. The reparative side is however not neglected in New Zealand dental clinics. The nurses are taught to do treatments, fillings and extractions for all deciduous teeth and for the sixth year molar. All septic deciduous teeth are extracted, all septic or exposed six-year molars are extracted, these are extracted symmetrically as a rule. *No roots are filled.* Within the last two years they report 20,000 extractions.

In a recent report of the National Dental Service Committee, compiled from forty separate towns, it is shown that the average dental office performs the following services:

Average yearly work of each whole-time school dental office:

Examinations of children	3,140
Total fillings	1,195
Total extractions	3,075

In order to serve a greater number of patients the Committee recommends measures for greater efficiency which are lacking at present, (1) such as lack of assistance, (2) faulty organization of work, and (3) the lack of central control and organization of the service. The lack of central control is emphasized as the most important factor. To quote: "It cannot be emphasized too often that conservative work for children is more or less waste of effort, unless it be the highest possible standard. From this it follows that if the central control and supervision suggested are to be effective, it must necessarily be undertaken by dentists who will be competent not only to direct the administrative side of the work, but (what is infinitely more important in the interest of the public health) competent to criticize it in its purely dental aspect, and so ensure that not only the output of work, but also the standard attained, shall be satisfactory."*

A careful analysis of the facts presented shows clearly that the work in this field is carried on either through public health agencies or through departments of education which are supported by public or by private funds. We learn from these facts that a great number are in need of service who do not at present receive it.

These are ghastly truths not only from the standpoint of a monetary loss to the nation, but to the depressing effect disease has on the mentality and vigor of the nation as a whole. The problem is one of social character and must be solved along social lines.

This issue is a social one and must be taken seriously. The voluntary assistance by dental societies and other organizations should always be welcome. But to depend upon private citizens, constituting the dental profession, to solve the national problem, is impractical and of little consequence.

Another problem we are confronted with is: if the public is going to support dental clinics,

*British Dental Association National Dental Service Committee Report on the Organization and Staffing of the School Dental Services. Passed by the Representative Board for Publication, August 1st, 1922.

it must be assured that public funds are used to the best advantage. It is, therefore, of immediate importance to investigate the methods employed in the conduct of these clinics. Are the public funds spent for dental clinics actually accomplishing their task?

Prof. E. V. McCollum* has pointed out some time ago the inefficient work done in dental prophylaxis and preventive dentistry: "in its present form, this movement for the preservation of the nation's teeth is founded upon a plan which will call for more and ever more investment of time, money and human effort with no prospect of relief from the burden. Present activities in relation to dental prophylaxis may well be likened to the institution of a rigid quarantine in an epidemic of typhoid fever brought about by an infected milk supply, but without making any effort to check the delivery of the dangerous milk."

In Europe, we are informed by our representatives, the tendency is toward centralization and the results of our efforts are eagerly awaited by our European co-workers.

The public is urgently looking for reliable information on the care of the mouth and teeth. To date, public information with few exceptions is in the hands of manufacturing concerns imputing "cure-alls" for pyorrhea, toothache cures and other fakes which mislead the public and hinder the promotion of the scientific care of the mouth. The time is ripe for those in charge of public health to protect the public from the clutches of the nostrum vendors in the field of mouth hygiene.

We believe that the officers and members of the American Public Health Association will take the step in the establishment of a section in mouth hygiene to care for our citizenry, both young and old alike.

The efforts of Dr. Harold DeW. Cross of the Forsyth Dental Infirmary at Boston, and in Bridgeport, are bearing some fruit and, therefore, we are prepared to begin the work on a national scale under more systematized and central direction.

Another very serious problem that should receive our attention is mouth infection resulting from dead teeth, deciduous or permanent. The tendency to resort to obsolete methods of dental treatment for school children, such as treatment of exposed pulps of deciduous teeth, the filling of canals, and the retention of dead teeth in children's mouths, is not only a waste of public funds, but is actually a menace to the child's health.

In a paper read at a meeting of the Odontological Section of the Royal Society of Medicine, Dr. F. St. J. Steadman of London stated that "all deciduous teeth in which the decay is sufficiently advanced to infect the pulp, I extract, and generally their antagonists also. I only fill teeth when I feel sure that

*McCollum, E. V. The Newer Knowledge of Nutrition, The Macmillan Co., 1922, p. 433.

the pulp is not affected. I know of no way of dealing with infected pulps in children which I regard as sound."

All the methods used by dentists in their private practices, may not be applied in public health work. A private patient may be in a position to resort to chance methods while the public may desire its funds to be expended in the more scientific way.

Mouth hygiene from the standpoint of public health should be differentiated from mouth hygiene carried on in a private dental office. The recent protest by the dental societies of New York against the stopping of the public school clinics is an illustration. If we are to grant that the city is to support dental clinics by the use of public funds, one may as well demand the removal of infected tonsils as a public health measure.

Bringing the argument to its logical conclusion: we should demand the proper supply of foods for undernourished children all over the country. There is no reason why dental defects should have any preference to the other physical defects. It is because of the confusion as to where the public health aspect of mouth hygiene ends and with it the responsibility of the state, and where the responsibility of the citizen begins.

We are of the opinion that there is greater hope for a solution of the mouth hygiene problem when its work will be carried on under the supervision of central agencies concerned with public health problems, such as the American Public Health Association.

Under central control it will be possible to appoint officers in mouth hygiene who are familiar with the progress of medical and stomatological aspects of the subject. The mere quantity of dental operations does not indicate the efficiency of service. The need of a section in mouth hygiene in the American Public Health Association is not only an expedient measure but is an immediate necessity.

It is the business of an organization such as the Public Health Service to meet this need. Another important function of the section is to extend its activities to include not only dental prophylaxis—that is, the filling of teeth, extractions and cleanings, but, to cover the entire field of mouth hygiene, both for children and for adults.

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Gum Massage and Other Aids in the Treatment of Pyorrhea

By JULES J. SARRAZIN, D.D.S., New Orleans

SOME little time ago there appeared articles about the great value of using the tooth brush so as to repel congested venous blood from gums and thereby allow their capillaries to be refilled by arterial blood from deeper vessels. The beneficial effects of such a technic is beyond question, but it is not new to all readers, as may be seen by turning back to the then *Items of Interest*, May, 1915, pages 343 and 344.

On the other hand, the recent articles bearing on that phase of home treatment have the merit of calling special attention to the diagonal pressure of brush bristles on gums, opposite roots, prior to sweeping bristles on to teeth, thus emphasizing that step and the good results to follow its faithful application.

Still more good, however, will be obtained by the use of the thumb and finger, following the ready-powder-charged tape, brush, dry powder and astringent-germicidal mouth wash. Gums covering the lingual faces of lower molar roots offer much difficulty to compression by brush bristles sidewise, but both the buccal and lingual plates are far more easily pinched and compressed by the thumb and index finger, both sides at the same time, all over the mouth, the tightness of the pinching relaxing slightly as digits are pressed along toward root apices, thus repelling venous blood towards the heart, as Nature intends that it should go, besides inviting the influx of arterial supply, the source of which comes from beneath.

Of course, this double compression and true massage is applied opposite every other root neck throughout the mouth, both above and below, so that, considering the area covered by the thumb and finger, no alveolar crest and lateral tissues escape the beneficial treatment.

When bristles are compressed diagonally on gums opposite roots, and then swept on to teeth, effective brushing is done, somewhat penetrating embrasures, removing infective material. (See ORAL HYGIENE, November, 1911, pages 831, 832, 833 and 834.) However, to attain the highest efficiency, bristles must carry dry powder of

sufficient grit. Reasonable grit is harmful in crosswise brushing only. Bristles, lingually especially, penetrate embrasures but part way, and never reach at and near contact points. A small, flat, ready-charged-with-powder silk tape is the only implement with which the patient can break up and remove all infectious films. If sawed crosswise, it will eventually wear grooves, but if properly rubbed up and down the length of each tooth, it will break up all films and thoroughly cleanse and polish approximal surfaces. Pus pockets, possibly started by trauma and surely developed from infection, are more frequent approximally than elsewhere. Notice also that their occurrence still increases between molars. The wider the teeth, the more infection between them.

Molars, on account of being multi-rooted, are constituted to resist trauma without rupturing fibres of attachment more than single-rooted teeth; yet we find periclastic pockets between molars and at their root bifurcations and trifurcations even worse and more frequently than elsewhere, showing that infective etiology is quite as destructive and as important as occlusal trauma. The truth is that both must be corrected.

As mentioned before, the application of pressure on gingivae by bristles resting diagonally is followed by rotating the brush head so that bristles sweep on to exposed cervices and somewhat into embrasures, thus performing an act of cleansing, reducing infection. Necessarily, the addition of a reasonably coarse grit powder and of the ready-made-powder-charged home tape will break up and remove more infectious films. But habitually filthy mouths which are subjected to an even imperfect cleansing, oft repeated, show rapid improvement surprising to one not habituated to seeing such reactions the moment that intense infection is reduced. If a reliable astringent tonic and germicidal mouth wash is made the last step in an otherwise thorough home treatment, in addition to the finger massage already described, results are astounding, results which would mislead the patient into believing that a cure has been effected, when, in reality, underlying conditions, both local and systemic, are unchanged.

The frequency of the need of office prophylactic treatment depends entirely upon the faithfulness and thoroughness of home treatment. Where home treatment has been deficient and faulty, conditions are hopeless unless the patient could be seen daily. Patients must be thoroughly impressed with that fact. Under home treatment consisting of gingival bristle pressure sweeping on to teeth, done carefully and often, the frequency of the need of office prophylaxis would be less than under a plan of home treatment which made no provision at all for the repelling of stagnant venous blood from gingivae. For the last dozen years, under home treatment consisting of finger gum

massage, ready-charged tape, axial brushing, active powder, tonic - astringent - germicidal mouth wash, all done after breakfast, in the afternoon and at bedtime, it has been unnecessary, following periodontic treatment, to repeat office prophylaxis oftener than every three or four months for reasonably careful patients, every six months for really thorough ones, and annually only for unusually painstaking and faithful patients. Of course, their original training must be thorough, rehearsed until they master accurate technic and the fundamental reasons therefor, and they must be lectured, watched, checked up and guided until they do.

When one experiences the habitual feeling of a really clean mouth in which arterial blood is aglow, that feeling becomes an incentive to faithful painstaking home work.

For some fifteen years past, in clinics, lectures and papers spread all over this country, but less frequently of late, due to a feeling of having done one's share, and a fear of becoming boresome, it was often stated that facilities should be supplied patients, and that they should not be expected to achieve impossible things, as is the case when they attempt mouth cleansing with a brush better suited to scrubbing finger nails than to the human mouth. It is the bristles which do the work, and in order to do so they must have both easy access and free motion. For 15 years brushes have been constructed which met those requirements with the heads only 27 millimeters long, eight rows of bristles, three tufts in a row tapering to only two tufts at an extremity terminating in a longer cluster to reach distally of rearmost molars from both lingual and buccal access. Bristles nine millimeters long in the body of the brush; distance between serrated rows 1½ millimeters; slender neck 52 millimeters long to move freely at the commissure of the lips, and with neck and handle curved towards bristles to facilitate access generally, and especially lingually of lower molars. Emphatically, it would be wrong to create or leave an impression that thorough home personal care, unaided by the office work of the periodontist, could control pyorrhea advanced beyond a very incipient stage. Even in an advanced stage, the patients' faithful home work, done with accurate technic, will so improve superficial conditions as to cause them to believe that a cure has been achieved, but this will be true only when deep-seated infction and occlusal trauma have both been controlled by the periodontist.

So much for local conditions, and fortunately the majority of cases of periclasia are of local origin. When there is an underlying systemic factor it must be corrected to allow success, which would not be permanent even with perfect home care following similarly good periodontia. Fundamentally, a large alkaline reserve must be established in

the blood, and it must be permanently maintained, which, at the same time, means health.

Conclusions

While there is no doubt of the value of the recently suggested brush technic to repel stagnating venous blood from the gingivae, it can be done more effectively by pressure applied both lingually and buccally at the same time by the thumb and finger, pinching and sliding the pressure toward root apices. This technic was published on pages 343 and 344 of the then *Items of Interest,* May, 1915, and the writer had learned it several years earlier from Dr. Howard T. Stewart, with whom it was already a long-established clinical success.

As local etiological factors of periodontoclasia, infection vies with occlusal trauma, so that both must be corrected and supplemented by faithful, thorough home care, with suitable brushes, tape and dentifrices, to permanently control the former.

Whenever patients are thorough and faithfully painstaking in their home care, consisting of thumb and finger gum massage, tape rubbed up and down approximal surfaces, axial brushing from opposite roots to morsal, effective powder and mouth wash, all two or three times a day, as conditions may require, not only is the necessity for office chair prophylaxis enormously reduced, but mouth conditions are so improved that patients must be guarded against the delusion that they are cured, while, in reality, underlying local and systemic conditions are not beyond recurrence. The better home work, including efficient massage, the less frequent office prophylaxis needed.

The devising of brushes which facilitate effective home treatment with an accurate technic by the patient dates back more than fifteen years, and some brushes have been accessible to dentists for all that time. They have always allowed the compression of gingivae by slanting bristles pressure, but that measure is less effective than the thumb and forefinger pinching and massage above described.

The School Clinic

By G. G. Garrison, D.D.S., School Dentist, Burlington, Ia.

AFTER being in charge of the public school dental clinic and teaching oral hygiene in the public schools for a period of four years, seeing the vast improvement and progress made from year to year inspires me to write an article which I trust may be an inspiration or encouragement to those already in the work, or to any who may be thinking of entering the field.

To my mind there is no higher calling for the specialist than that of the public school dentist. Service is the real object in life, and we should render that service to as many as we are capable of helping.

In my mind there is no comparison between the amount of service rendered in the general practice of dentistry and the school work. Of course a man must have the desire, inclination and inspiration for this kind of work. He must be thoroughly sold on the job, as the salesman would state it. The work is quite different from the general practice. First of all, a man must be able to handle children; he must like children, he must be an optimist; he must continually see the bright side of life; he must be able to grasp the child's viewpoint; he must be able to place himself in the child's place. His talks and demonstrations in the schools must be short and snappy and to the point. From five to ten minutes is long enough in each room. He must remember that there are five or six other "special teachers" the same as himself going into the rooms taking the time from their regular work, so if he wishes to make a hit with principal, teacher and pupil, he goes in, makes a good, short, snappy talk or demonstration and gets out. The teacher's and the pupil's time is filled to the limit. It is far better to have them anxious for you to come again than dreading your appearance. The idea of being a child's first dentist will leave an impression on him for life, be it good or bad.

This is the impressionable age of the child, and to inspire confidence in their little minds, which are very responsive and receptive, and to start them out with a real inspiration of the value of caring for their teeth, teach them the nutritional foods, that they may have an understanding and appreciation of their real value for not only better teeth, but better health also. To have thousands of pupils full of life, vim, vigor, pep and enthusiasm carrying out your plans and ideas in the schools gives you an inspiration

"To my mind there is no higher calling for the specialist than that of the public school dentist. Service is the real object in life, and we should render that service to as many as we are capable of helping."

that spurs you on for better and greater things. It keeps a man thinking, working, planning for new material to keep them interested. And he positively must keep them interested if he expects to get results. He must have new talks, new demonstrations, new ideas, new pointers, and something different and interesting each time he visits a room if he wishes to succeed.

A school dentist must also act as a buffer or pacifier between dentists and hundreds of children who have been scared out, or treated so rough by their own dentists as they say, that they positively refuse to go back to them. He can alleviate those cases, treat them and return them to their own dentists very nicely, providing he uses tact in doing so. He must give both pupil and dentist a square deal in this matter. It is simply folly to carry on the dental clinic work without the educational part in the schools. And no one else can do the work so successfully in the schools as the school dentist, for he alone knows the true condition of the mouths. And his presence there inspires confidence and faith in him so that the children are willing and anxious to come to the clinic, where they positively refuse to go to a strange dentist. And once the start is made they can easily be persuaded to go to their own dentist. This alone is a very important part of our work.

A school dentist cannot possibly accomplish his desires by working under friction, or under several bosses. He should have one head, or one individual alone to look to for instruction, advice and counsel. New problems present themselves daily and the school dentist must be free to go ahead and carry out his work as he thinks best, for he and he alone knows best how this can be accomplished. The work should be carried on as an educational work, in my mind, rather than on the charity basis. In this way we deal with all the pupils in the school rather than just those who come to the clinic.

We find some well-to-do pupils who are even more neglectful of their teeth than some of the poorer class, and by going into the schools and coming in personal contact with this class we are able to line them up easily. The principals and teachers will co-operate with you heartily in your program providing you make it short, snappy and interesting, and will quite often give you good pointers and suggestions that will be very

valuable to you in your work in the schools.

The cheery "Hello" and sunny smiles of thousands of bright-faced, smiling boys and girls as you meet them on the streets, or when out riding, gives a man a real inspiration and feeling that life is really worth-while after all. You cannot carry a grouch and be a friend to children at the same time, and you cannot possibly make a success of the dental clinic without being friendly and cheerful.

You can hold mothers' meetings in the schools, giving them advice and instruction in regard to caring for the pre-school child; give talks to parent-teacher meetings, clubs, etc.—in fact, there is no limit to the work a man can do providing he has the pep, ambition, get-up and the nerve to go ahead, make and carry out his program.

This is a wonderful field just opening and somebody must be prepared to carry on the work. It must be the man who will roll up his sleeves and dig into it. We already have the "theory," let's get down to business. There are millions of cavities in the teeth of the pupils in our schools. One man and an assistant can fill (temporary) and cauterize from five to ten thousand a year. Get them started, give them the inspiration and a great many will go to their own dentist for future work.

All dirty, stained, discolored and filthy mouths are cleaned right in the schools. We can clean from four to five hundred a day. This eliminates hundreds of pupils coming to the clinic for a cleaning only.

Good, straight, plain talks to the mothers' meetings in regard to the proper foods and habits of the child's eating are very valuable.

We use large colored placards, drawings and demonstrations in our work, as it helps to drive the points home more forcibly.

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Editor ORAL HYGIENE:

I have all copies of ORAL HYGIENE for about eight years. I am leaving for a year's study with Dr. Edward H. Angle and will have to dispose of these magazines.

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J. M. RILEY, D. D. S.

Severance, Kansas.

[*Editor's Note*—ORAL HYGIENE readers interested in Dr. Riley's offer should communicate direct with him.]

Editorials

REA PROCTOR McGEE, D.D.S., M.D., *Editor*
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The Thermometer

THE oldest and still the most popular means of determining temperature is the first finger of the right hand.

During the Middle Ages the favorite subject for painters was the Madonna and Child. Every known phase of obstetrics and *post partem* case is shown in their examples of religious art.

Wherever a bath for the infant is shown, the nurse or attendant is pictured taking the temperature of the water, either with the first finger or with her bare foot.

If there had been any other method up to that epoch some enterprising artist would surely have shown it.

The first thermometer was invented by Galileo in 1597. This came near being the last effort of that famous scientist because his Bishop came to the conclusion that there was a devil inside the tube who made the mercury run up and down—hence the expressions hot as hell—cold as hell.

Galileo by destroying his thermometer and promising not to make another was

let off. Finally he persuaded the Bishop that humanity would be a lot safer if the Devil were imprisoned in a tube instead of being allowed to run at large.

So Galileo was allowed to make and use his thermometer. That was when the millenium began and explains our present freedom from all evil.

The first great physician to use the thermometer regularly in his practice was Hermann Boerhave who lived in Amsterdam, Holland, from 1668 to 1738.

Boerhave who used the Fahrenheit thermometer was the greatest physician of his time. It was claimed that his fame had extended to China.

Boerhave was also the first to discover that smallpox was spread exclusively by contagion and was the founder of the eclectic school of medicine.

In 1740 Gerhard Van Sweetin established the Vienna Clinic in Vienna, and established the use of the thermometer in that country.

In 1790 James Currie of Scotland used the clinical thermometer and gave cold baths for typhoid fever, regulating their frequency by the use of the thermometer.

Wunderlich, of Wurtenburg, who lived from 1815 to 1877, was the first to make a detailed study of temperature. It is said that Wunderlich found fever a disease and left it a symptom.

The thermometer first appeared in Eng-

lish hospitals in 1866 and came into general use about 1870.

At that time the thermometer was about a foot long, took five minutes to register and was carried in a holster like a gun.

In 1868 Sir Clifford Allbutt invented the pocket thermometer which came into general use in a few years.

Even as late as our own Civil War there were practically no hypodermic syringes or clinical thermometers in use.

We take the use of the thermometer as such a matter of fact proceeding today that it is difficult to realize that the instrument was hardly known in America fifty years ago.

Even now, the use of the thermometer should be more extensive. The temperature should be taken and recorded in all infections. Dentists do not use the thermometer as frequently as they should.

Much important clinical data and much more accurate treatment in septic cases will result from a more frequent and careful thermometry.

If you enjoyed Philip Pocker's "A Bread Line for Dentists," in December ORAL HYGIENE, you will be eager to get your March O. H., which carries Dr. Pocker's "The Sins of the Parents."

International Oral Hygiene

Translated and Briefed by C. W. BARTON, Fort Wayne, Ind.

Mexico

In a thesis on the accidents of the first dentition Héctor C. Cerratto claims that the ignorance of a number of physicians concerning the nature of this entirely physiological process is such that one finds quite frequently in death certificates "dentition" given as the cause of children's death. His thesis is meant to oppose the time-honored and erroneous statement that the local and general pathological manifestations before, during and after eruption are accidents of dentition and caused by it. In view of this otherwise very excellent exposé of this hackneyed subject it is surprising that the author has not been led to submit clinical proof that the smoothness or complexity of the first dentition depend entirely on the normal or the pathological general condition of the child's body at the time of the eruption. (*Boletin Odontológico Mexicano,* October, 1924.)

Cuba

Dr. Augusto Renté y G. de Vales insists on the mortal dangers to the babies which lurk in the pernicious custom of kissing them. He says that the United States, always leading in questions of hygiene, has passed legislation prohibiting this nefarious way of showing love and affection. It is a crime to kiss the babies; its perpetrators should be punished, and he calls upon the profession and the ladies of the land to organize a campaign in favor of making the kiss an offense punishable by law. (*Cuba Odontológica,* September, 1924.)

Brazil

On the initiative of Dr. Janson Lima, of Parahyba, a children's dental welfare institution has been founded for Parahyba do Norte, following a discourse on oral hygiene by Dr. Carlos D. Fernandes.

Thanks to the efforts of Dr. A. Carneiro Leao, director of public instruction of Rio de Janeiro, a regular dental service has been organized at the Menozes Vieira School, after the Rivadavia Corrêa School had received its dental clinic some time ago. It is intended to install school dental clinics in all the public schools of the capital as soon as possible.

The League of Oral Hygiene, the formation of which was reported in ORAL HYGIENE, has already recruited as founders more than 40 members. It is interesting to note that among the adherents to the league, which was founded by dentists, there are also dental supply houses, a fact which speaks highly indeed of the frame of mind of both profession and trade in that country. (*Boletim Odontológico,* September, 1924.)

Great Britain

An interesting fact gleaned from the report of a care sub-committee of the London County Council is that the dental condition of the children shows such improvement that 15 per cent more children leave school with sound teeth than in 1913. Toothbrush drill should be one of the earliest amusements of every child and one of the first health habits learned to be practiced every night on going to bed.

That parents in the poorer districts of Leeds are making more use of the clinics is ascribed chiefly to Children's Day, organized with the co-operation of the *Yorkshire Evening Post.* This daily, in collaboration with the schools' medical staff, made the first organized effort in Great Britain to concentrate attention on the importance of teeth in relation to health. Competitions were arranged for the children with the best natural teeth, and those with good teeth as a result of treatment. In addition, all children of six years of age and over were asked to write stories based on lessons given in the schools on "The Care of Teeth," a pamphlet having been prepared by the dental officers for the guidance of teachers in giving these lessons.

The Dewsbury Education Committee, as a result of a report by the school medical officer, Dr. O. M. Holden, have approved a proposal for the appointment of a full-time school dentist at £500 per annum. Seventy-three applications for this post have been received.

The school dental service in West Surrey county is costing £1,200 per year. The county employs two very efficient dental officers, and about 80 per cent of the children left school with sound teeth. The activities of the dentists were thwarted by the indifference of the parents, only 46 per cent giving their consent to dental treatment of their children.

In Scarborough 82 per cent of the children requiring dental treatment were attended to, while through the addition of a new dentist it is hoped in Warwickshire to give dental treatment to all children of from six to eight years of age. (*The Dental Record,* November, 1924.)

France

While physiologists have always insisted on proper mastication as an indispensable prelude to proper digestion, Pierre Gagey examines the act of food trituration from the psychological point of view. To swallow one's food without proper mastication is a sure sign of a weakened will-power, but regular chewing of one's food points to a normal mental disposition. (*Revue de Psychothérapie.*)

Luxemburg

Dr. Schneider, the doyen of the dentists in the grand duchy of Luxemburg, gave an interesting résumé on public dental service and oral hygiene in that country. All towns of any importance have adopted a system of school dental inspection. The efforts of the authorities have been very liberally complemented by private initiative, especially in the industrial centers.

Systematic oral hygiene propaganda has been initiated in the schools by training the teachers who instruct the pupils in mouth hygiene. There exist four school dental clinics in the country, all organized and maintained by the municipalities, and the health insurance foundations also give dental treatment to their members. Treatment in the school dental clinics is thorough, free and non-obligatory. The clinic in Luxemburg town* has been in existence for nine years; one titular dentist inspects the 4,360 pupils twice a year, and carries out the necessary treatment, with the parents' consent, including orthodontic treatment. Every morning the children frequenting the municipal schools clean their teeth under the supervision of the teacher. Another clinic each in Esch (2,600 children), in Diferdange (1,800 children), and in Dudelange (1,625 children) functions on the same system.

According to the report by the school dentist in Luxemburg town, the frequency of dental caries has decreased, since the beginning of the clinic, from 82 per cent to 35 per cent.

Out of the total of 33,000 pupils in the entire country more than 10,000, viz., more than 30 per cent, are given dental care.

Since some sort of health insurance is obligatory in Luxemburg,

*Luxemburg counts 263,824 inhabitants.

the adult population is looked after dentally to the extent of about 14 per cent. The treatment is almost entirely free, and includes in many cases also prosthetic work. The authorities also look after the dental treatment of the police, the orphans, and the inmates of the home for deaf-mutes.

The open-air school at Dudelange provides dental service for its pupils, and the Anti-Tuberculosis League has made an arrangement with the dentists to insure the dental sanitation of all its protégés.

All in all, a very remarkable state of affairs after a short time of activity. (*La Semaine Dentaire*, No. 42, 1924.)

Bulgaria

From the first five issues of *Zdravi Zoubi* (Healthy Teeth) the publication of which was reported in October, 1924, ORAL HYGIENE, we learn that during an examination, in 1914, of 3,263 school children in Sofia, only 301 possessed healthy teeth. The publication contains some very good popular monographs on oral hygiene as well as on the anatomy, physiology, and pathology of the teeth and the mouth. Dr. Lyon's (Pittsburgh, Pa.) radio talk on children's teeth, as published in ORAL HYGIENE, is translated in the May number of *Zdravi Zoubi*.

Spain

In a very painstaking inquiry into the causes of arthritis due to focal infection from the mouth, Marañon and Tapia, two Madrid physicians, come to the conclusion that a great number of focal arthritis cases are caused by oral sepsis.

The clinician should be conscient of the fact that a dental focus may be the cause for many general pathological symptoms at first sight entirely unrelated to each other. On the other hand, one must be careful not to overrate the importance of such oral foci, the authors warning against falling into the exaggerated views held by certain authors. The work of Rosenow and other American authors, judging by the bibliography, seems to have been overlooked by the authors. (*La Odontologia*, Madrid.)

Dr. Francesco González Fabian holds that the sanitation of the mouth of patients prior to a surgical operation is an indispensable pre-operative measure wherever the impending operation is not pressing and allows sufficient time for dental treatment. Many of the grave complications which befall patients who have been operated upon, otherwise *lege artis*, are due to an unhealthy mouth. Therefore, a dentist on permanent duty in the hospital is quite imperative, since only a dental specialist is able to judge the extent and carry out the necessary preparatory dental treatment. (*Revista de Odontologia*, Zaragoza, August, 1924.)

Italy

Under the auspices of the Italian Institute for Hygiene, (Director: Prof. Ettore Levi) in Rome, Prof. A. Piperno has published a booklet entitled *Look After Your Teeth*, in which he gives the school dentist, and incidentally the teachers, some quite invaluable ideas for fostering oral hygiene in the schools. The booklet is written in the form of a talk to the children, with rhymes to be learned by heart and sung. (Prof. Levi has asked us to distribute copies of this pamphlet to dentists in this country; a limited number is available on request. Address C. W. Barton, Overseas Editor ORAL HYGIENE, 135 E. Washington St., Ft. Wayne, Ind.)

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back.

"I told my wife that if she bobbed her hair I would leave her."

"But she bobbed it; and you're still living with her?"

"You bet I am. I'll show her she can't bluff me."

◈ ◈ ◈

ALMA: "And did you visit Rochester on your wedding trip?"

MAE: "I really don't know. You see, Jack always bought the tickets."

◈ ◈ ◈

FATHER: "My boy, I hear that you are most recalcitrant."

SON: "Be yourself, Pop. You've been doing crossword puzzles again."—*Life.*

◈ ◈ ◈

"My husband certainly is fond of children."

"Why do you say that?"

"Last night he was talking in his sleep and he said, 'Come on, baby, and kiss your sweet papa.' "

◈ ◈ ◈

"It isn't the cost, it's the upkeep that worries me," said the flapper as she rolled her hose.

◈ ◈ ◈

"Don't you think Connie looks spirituelle in that gown?"

"Well, I'll admit there is not much of the material about her."

It was a dear old lady's first ride in a taxi, and she watched with growing alarm the driver continually putting his hand outside the car as a signal to the following traffic. At last she became angry.

"Young man," she said, "you look after that car of yours, and watch where you are going. I'll tell you when it starts raining."

◈ ◈ ◈

CALLER: "Your children play so quietly."

MOTHER: "Excuse me a moment."

◈ ◈ ◈

"What's the difference between a bachelor girl and an old maid?"

"A bachelor girl has read Jurgen. An old maid has red flannel nighties."

◈ ◈ ◈

"Stop, I've never heard such profanity since the day I was born."

"What were you, a twin or a triplet?"

◈ ◈ ◈

"I'm going to buy a dog."

"Bull?"

"No, really."

◈ ◈ ◈

"Did you 'ear that Mrs. Jones won a vacuum cleaner in a competition?"

"No; did she?"

"Yes, but she says it ain't no good to 'er. She ain't got no vacuums."